

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice			FEC IDENTIFICATION NUMBER ▼ C C00484287		
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name (Last, First, Middle Initial) of Payee Colleen O'Neill			Date M M / D D / Y Y Y Y Y Y 04 / 21 / 2012		
Mailing Address 283 College Manor Drive			Amount 21.80		
City Arnold		State MD	Zip Code 21012		
Purpose of Expenditure Proofing Services for Fliers		Category/ Type 004		Transaction ID : D432093	
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12		
Calendar Year-To-Date Per Election for Office Sought 2374.40			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
Full Name (Last, First, Middle Initial) of Payee Allegheny Commercial Printing			Date M M / D D / Y Y Y Y Y Y 04 / 21 / 2012		
Mailing Address 1627 Penn Ave			Amount 530.00		
City Pittsburgh		State PA	Zip Code 15222		
Purpose of Expenditure Flier Printing Expenses		Category/ Type 004		Transaction ID : D432227	
Name of Federal Candidate Supported or Opposed by Expenditure: MARK CRITZ			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12		
Calendar Year-To-Date Per Election for Office Sought 2374.40			Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures.....▶			551.80		
(b) SUBTOTAL of Unitemized Independent Expenditures▶					
(c) TOTAL Independent Expenditures.....▶			551.80		
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p> <p style="text-align: center;">Ms. Elizabeth H Shuler</p> <p style="text-align: center;">[Electronically Filed]</p> <p>Signature _____ Date M M / D D / Y Y Y Y Y Y 04 / 21 / 2012</p>					